



**CLERMONT COUNTY FAMILY & CHILDREN FIRST  
SERVICE COORDINATION PLAN  
NOVEMBER 2005**

## PURPOSE

The members of the Clermont County Family and Children First (FCF) Council have determined that the service coordination plan for infants, children, adolescents, and their families (including abused, neglected, dependent, unruly, delinquent youth and families) will address three target populations. Those three target populations are:

1. Pregnant women and children from birth to 3 years of age who are at risk; and children birth to 3 years of age with or at risk of having a developmental delay.
2. The multi-need child and family.
3. Alleged or adjudicated unruly youth ages 8 to 18, or 8 to 21 if required by statute or administrative code.

The target populations are based on required legislated populations with agreement from and by participating FCF Council members and their operations. Needs were recognized and determined by historical accumulation of information and knowledge gained through experience.

A person and/or family will enter the system through an intake situation initiated by any participating organization or a family voluntarily seeking services. A Service Plan (also called IFSP) will be initiated for each appropriate child and his/her family. The family and the participating organizations will work with the Plan with the ability to make changes as necessary and needed.

Disputes of the family and the organizations will be settled through the stated dispute resolution process.



## GOALS

1. To ensure that each child is physically safe and is nurtured in an emotionally productive atmosphere that enhances his/her individual development and self-worth and provides for community safety with the following commitments:
  - Expectant Parents and Newborns Thrive
  - Infants and Toddlers Thrive
  - Children are Ready for School
  - Children and Youth Succeed in School
  - Youth Choose Healthy Behaviors
  - Youth Successfully Transition into Adulthood
2. To develop comprehensive, coordinated, creative, and cost-effective services that are delivered within Clermont County.
3. To reduce the number of children in out of home care placements, especially residential treatment.
4. To increase family-focused community-based services to children and families.
5. To increase family and community awareness and commitment through involvement in the processes.
6. To provide services that are effective (produce desirable results) and efficient (make the best use of available community resources) within the above commitments and their resultant indicators.
7. To coordinate services with and between all public and private child-serving organizations, families, and the educational community.

**A review of progress will take place at the FCF Council Annual Meeting.**



**TARGET POPULATION #1 – AT RISK PREGNANT WOMEN AND CHILDREN BIRTH TO THREE; AND CHILDREN BIRTH TO 3 YEARS OF AGE WITH OR AT RISK OF HAVING A DEVELOPMENTAL DELAY**

Persons to be served

Children birth to age 3 and their families that are residents of Clermont County will receive services as outlined. The only eligibility qualifications that have to be met are those imposed by the Ohio Department of Health and the federal government.

Access to the system

- Families and legal guardians may self-refer.
- Participating systems, agencies, or individuals may refer.
- Anyone may access the system by contacting the Clermont Help Me Grow (HMG) Central Intake and Coordinating Site (CICS) or any FCF participating agency.

Community Awareness

HMG does various Child Find activities to increase community awareness of the HMG program and the services available to children and their families.

- HMG has a website, [www.clermonthelpmegrow.com](http://www.clermonthelpmegrow.com) (attachment 1), with detailed information regarding the program. Referrals can be made via the secure website.
- HMG has multiple billboards through Clermont County advertising the HMG program. The billboards are rotated every two months.
- HMG participates in the county fair, sponsors an annual “Clermont County Conference of the Young Child,” and has a booth at various activities around the county, i.e. National Depression Screening Day.

Initial Intake:

1. The family or agency contacts the HMG CICS by phone, fax, website, e-mail, or in person.



2. The HMG staff member talking with the family completes the HMG intake form (attachment 2).
3. All referrals and/or inquires are documented.
4. All referrals are assigned to the most appropriate program component of HMG for services.

#### Determination of Services:

If the child or family is determined by HMG staff to be “at risk” or in need of a Newborn Home Visit, the referral, with parental consent, will be given to the Clermont County General Health District for the coordination of services.

If the child is considered to have a developmental delay or is considered at risk of having a developmental delay, the referral, with parental consent, will be given to the Clermont County Board of Mental Retardation and Developmental Disabilities for coordination of services.

#### Responsibilities and Sequence

1. Upon receipt of a referral, contact will be made with the family within two (2) working days.
2. Program specifics, all parents’ rights, and the dispute resolution process are fully shared with the family.

#### Service Coordination

Service Coordination will include, but is not limited to:

1. Referral and coordination of evaluation in all five (5) developmental domains to determine eligibility for Part C services; or screening to determine if child and/or family meets four (4) or more risk factors which may interfere with the care giving, health, or development of the child.
2. Facilitation and participation in the development, implementation, review, and monitoring of the Individual Family Service Plan (IFSP).
3. Facilitation to develop family outcomes.
4. Identification and establishment of a medical/health home.



5. Identification of specialized services and other providers.
6. Providing choice to families by identifying all available service providers.
7. Informing families of the availability of advocacy services.
8. Coordination and monitoring of the delivery of available services.
9. Coordination with medical and health providers.
10. Coordination of transition to other programs and services.

#### Individual Family Service Plan (IFSP)

The IFSP is the integration, collaboration, and partnership between parents and providers resulting in a written plan that:

1. Lists outcomes for individual families and their unborn child, infant, or toddler, and
2. Describes resources/services and their coordination that will support those outcomes.

The IFSP is created with the full participation of the family within forty-five (45) days of having received the referral. The IFSP is reviewed and updated at least every 120 days.

#### Transition:

Every family with a child receiving ongoing HMG services will experience support and information specific to the transition of their child at age three (3) or upon planned exit from the HMG system.

1. Every child exiting the HMG system will have a written transition plan as part of the IFSP. This plan will include the sequence of activities, the individual responsible, and the timeline for each activity.
2. Preparation for the Transition Planning Conference will begin 180 days prior to the child's third birthday.
3. The Transition Planning Conference will occur at least 120 days prior to the child's third birthday.



4. If the child is potentially eligible for Part B services of Individuals with Disabilities Education Act (IDEA), the appropriate Local Education Agency (LEA) representative will attend the conference with parent permission.

Involvement of Help Me Grow children in the FCF Cluster process

Children and families enrolled in the Help Me Grow program may also be involved with the FCF Cluster. When children are involved with both systems, FCF will ensure that the services received via the FCF Service Plan are consistent with the laws and rules of Help Me Grow per federal regulations and Ohio Department of Health Policy and Procedures. When a child is involved with both systems, the main provider of service coordination shall be the Help Me Grow provider.

FCF Council assures that Clermont Help Me Grow adheres to all local, state, and federal mandates and policies as applicable.



## TARGET POPULATION #2 – THE MULTI-NEED CHILD AND FAMILY

### Children must be:

- Birth to 21 years of age, and
- Be involved with more than one of the FCF systems or agencies.

### Access to system

- Any FCF system or agency, community agency, or school may refer a child and family to the Cluster.
- Parents of children in the home may voluntarily refer their child and family to the Cluster.

### Community Awareness

FCF makes every effort to ensure that the community is aware of FCF, FCF Service Coordination (Cluster), and the services available to children and their families.

- FCF participates in the county fair and has a booth at various activities around the county (i.e. school readiness fairs, Taste of Clermont).
- A Clermont County Family & Children First website is under development.
- Clermont County Family & Children First distributes a quarterly FCF newsletter. The newsletter contains information about FCF processes and services.
- FCF has developed and distributed local resource and school directories for assistance in locating appropriate resources/services. The directories were distributed to all FCF members, including the staff of Children's Protective Services, Job & Family Services, all school districts in the county, the General Health District, Help Me Grow, mental health agencies, substance abuse agencies, Head Start, Juvenile Court, MRDD, Educational Service Center, and Early Intervention.
- FCF does presentations to school mental health specialists, superintendents, Children's Services staff, and Juvenile Court staff to inform them of FCF, Cluster, and services available.



- FCF participates in various groups to inform the community of FCF, Cluster, and services available. Examples are the Head Start Policy Council, Coalition for a Drug Free Clermont County, the Suicide Coalition, the Emergency Services Coalition, and the Mental Health Association Advisory Board.
- Families Connected, Inc. is an active member of Council. As Families Connected assists parents with many different needs, their knowledge of Council enables them to discuss FCF and the Cluster process with families.
- FCF will distribute the Service Coordination Plan to:
  - The members of the FCF Council
  - The Superintendents of all local school districts
  - The school-based mental health staff
- The Mental Health and Recovery Board's contract agencies all agree to comply with the Service Coordination Plan when signing their Purchase of Service contract with the Mental Health and Recovery Board.

Initial assessment of need

After a Release of Information (attachment 3) is signed by the parent/guardian authorizing an agency or school to share information with FCF, a referral may be initiated by a parent/guardian, an agency, or school by:

- A telephone call to the FCF Clinical Coordinator. The Clinical Coordinator will make a determination of the appropriateness for Cluster through discussion and questions regarding the child/family's situation and involvement in systems and agencies. A child is appropriate for Cluster if the child is involved in more than one system.
- The Referral Form. The Referral Form (attachment 4) may be faxed or mailed to the Clinical Coordinator. If additional information is necessary, the Clinical Coordinator will contact the referral source via telephone to discuss the case further and determine appropriateness.

The initial assessment will identify the strengths and needs of the child/family from the referral source. Additional information regarding the child/family's strengths and needs will be gathered from participants, including the family, child, and other agencies, at the Initial Cluster meeting. The Service Plan will list the strengths and needs of the child, the family, and the community as these are essential in the development of goals and objectives.



## Response to referrals

1. The Clinical Coordinator will respond to all referrals within two (2) business days of receipt.
2. When Cluster is determined to be appropriate for the child/family, the Clinical Coordinator will work to schedule the Cluster meeting within two (2) weeks. At times, due to the availability of the parent(s), family, child, referral agency, or other agencies involved with the child, it may be necessary to schedule a Cluster outside of the two (2) week time frame.
3. Referrals emergent in nature will be scheduled within two (2) business days of the referral.
4. When a referral is determined not to be appropriate for Cluster (i.e. the child is not involved with more than one system), the Clinical Coordinator shall discuss with the referral source other options or services which may benefit the child/family.

## Levels of Intervention

1. In Clermont County, there are numerous prevention programs for children and families. Prevention is the first level of intervention with every child/family. Prevention programs in Clermont County include:
  - Mental health specialists present in every school district in the county at specified days and times of the week. These mental health specialists not only work individually with children on issues that arise, they also provide various prevention information to classes and groups of students throughout the year.
  - A full-time DARE officer. The DARE officer spends time working with students at various elementary schools during the year. Classes participate in the DARE program for ½ of a semester.
  - Empowering Girls - an in-school prevention program for girls in a local school district.
  - Early Intervention Specialists housed at two local school districts. There are plans for the Early Intervention Specialists to also be present at a day care center which has a program for medically fragile or developmentally delayed children.
  - WISHES - a day care program with 4 typically developing children and 4 developmentally delayed children.
  - Fatherhood Initiative to work to get fathers more involved with their child's upbringing.



- Head Start and Early Head Start to engage income eligible children and parents and ensure that the children are ready for school
  - Celebrating Families – an alcohol, tobacco, other drug and violence prevention program available to families enrolled in Head Start and child care programs
  - Crisis Hotline – a mental health specialist is available 24/7 via phone to talk with any person in a crisis
  - Club Hero - an after school program which focuses on abstinence from alcohol and drugs. The program is provided through the schools in Clermont County and spans all grades. Club Hero was recently cited as an “exemplary practice” by ODADAS.
  - Help Me Grow services and respite
  - General Health District programs regarding pregnancy prevention
  - Safe Communities - a General Health District program that promotes safety while driving
  - Drug Free Coalition which sponsors after prom parties and the Red Barn event. The Red Barn event is held annually during Red Ribbon Week and includes puppet shows supporting children saying “NO” to drugs, a display which includes goggles which simulate an intoxicated state and various other interactive activities, a band, demonstrations from a drug sniffing dog, and a keynote speaker who speaks to the children and parents about saying “NO” to drugs and alcohol.
2. As stated previously, when a referral is not appropriate for cluster, the Clinical Coordinator shall make every effort to provide the family with information to assist the child/family. This may include:
- Educational materials
  - Referrals to community resources
  - Referrals to Families Connected, Inc. (a grass roots family advocacy agency)
  - Contacts who may be able to assist the child/family

A referral may be determined not to be appropriate if:

- The child is not involved in two (2) or more systems (i.e. mental health, Juvenile Court, Children’s Protective Services, MRDD, etc.). At times, the Clinical Coordinator may use clinical judgment and Cluster a child/family involved with only one system. The severity of the issues facing the child/family and the past services utilized are assessed to determine appropriateness for these children/families.



- The family has not attempted less restrictive services. FCF will not implement more intense services when less intense services have not been attempted.
3. When a child/family is determined appropriate for Cluster, the child/family and treatment team attend an initial Cluster meeting. During this initial meeting, more information is gathered regarding the services previously attempted, the child's/family's and treatment team's thoughts on why the services were not successful, and what the child/family and treatment team feel would benefit the child/family most. The Clinical Coordinator encourages brainstorming. When possible, the team determines ways to support the child/family without overwhelming them. This may include:
    - Increasing support in school
    - Encouraging involvement with Families Connected, Inc.
    - Accessing available community resources
    - Finding appropriate clinical services
  4. When the needs of a child/family cannot be met by increasing community support, the treatment team often determines that home-based services are appropriate. There are various agencies in the county that provide home-based services and the most appropriate provider, as decided by the child/family and treatment team, is chosen to work with the family. Included in the spectrum of available home-based services are: Clermont Recovery Center's Multi-Dimensional Family Therapy program, a home-based case management program, and Virtual Residential Program (VRP). Additional support at this level may include: a mentor for the child; hourly, overnight, or weekend respite for the child; camp; or therapeutic activities.
  5. The last choice of the treatment team is placement of the child outside of the parent/guardian's home. When placement outside of the home is necessary, the treatment team, including the parent, looks at relative placement as the first option. When an appropriate relative is not available, traditional foster care, then therapeutic foster care are typically the next steps. If the child's behaviors are so severe that placement with a relative or in foster care is determined to pose a risk for the child and/or family, then group home or residential placement may be an appropriate placement.
  6. Whenever a child is placed in an out of home placement, the treatment team works toward reunification with the child and family. When reunification is not possible and the child must remain in out of home placement, the child will remain in the least restrictive level of care that meets the child's needs.



### Participation in Cluster Meetings

- Cluster meetings will be scheduled at a time and location convenient for parents, when at all possible.
- The Initial Cluster meeting will be set up by the Clinical Coordinator, who will then call all the participants identified by the referral source and those determined to be appropriate to attend the Cluster by the information given by the referral source. A Release of Information will be obtained from the parent/guardian prior to discussion of the case with others.
- The family may invite any support person of their choice to Cluster meetings.
- The local school district will be invited to Cluster meetings.
- A family representative will be invited to Cluster meetings.
- When possible, at the end of each Cluster meeting, the next meeting will be scheduled. When this is not possible, the Clinical Coordinator will work with the team members closer to the review date to determine a convenient time. When possible, the Clinical Coordinator will provide all parties at least one week notice when scheduling a Cluster.
- Any member of the treatment team, including the parent/guardian, may request a Cluster Review meeting prior to the next scheduled meeting.

### Clustering of children prior to placement

- All children having a FCF Service Plan (attachment 5) will be “Clustered”, or reviewed by the Cluster team, prior to going into a therapeutic out of home care placement to ensure that all alternatives to out of home placement have been exhausted as appropriate resources. FCF supports children being placed in the lowest level of care to meet the child’s needs when placement is necessary.
- When placement occurs on an emergent basis for children having a FCF Service Plan, a Cluster meeting shall be held within ten (10) days of the placement.

### The FCF Council shall ensure:

- The Cluster meets on a regularly scheduled basis.



- That collaborative monetary funds (pooled funds) are available upon request from the Cluster team (attachment 6). Pooled funds are made available for FCF use by local contributions from the Mental Health and Recovery Board, Job and Family Services, Juvenile Court, MRDD, Board of County Commissioners, and the General Health District.
- Monitoring of the progress of children/families involved with Cluster. The Clinical Coordinator will present a report to Council monthly detailing Cluster data. The FCF Quality of Care Manager will visit each child in a residential or group home placement. The visit shall include a review of the child's record prior to the visit, a record review at the provider site, and an interview with the child. The Quality of Care Manager will report to Council regarding the appropriateness of placement, progress in placement, and plans for discharge for the children in residential and group home placements.
- Funding for the necessary services for a child/family. The systems have determined how services are paid. Each system holds contracts with the other systems which state who will pay for what (i.e. the Mental Health and Recovery Board (MHRB) holds a contract with Job and Family Services (JFS) stating the amount of money JFS will pay toward the cost of Medicaid and non-Medicaid mental health services for children involved with Children's Protective Services (CPS), MHRB holds a contract with Juvenile Court (JC) stating that the Medicaid match for mental health services provided to children involved with the JC home-based program will be paid by JC, JFS and JC have a contract regarding the placement of children through CPS). These contracts are renewed on an annual basis.

The Cluster team shall on individual cases:

- Ensure the confidentiality of the child/family. No information is to be disclosed to any person or agency without prior consent of the child's parent/guardian. A Release of Information will be completed prior to a Cluster meeting. This Release of Information will include all the relevant people and agencies involved with the child/family. The Release of Information shall be valid for six (6) months. The Release of Information shall be maintained in the FCF file on the child/family.
- Develop a FCF Service Plan. The Service Plan is developed in the Initial Cluster meeting and reviewed/revised at Cluster Reviews. Parents/guardians are involved in the entire process. Included in discussions are strengths, concerns, goals and objectives, and timelines for completion of each goal, discharge plan, a crisis plan, and identification of the lead case manager as approved by the parent/guardian. The Service Plan is reviewed at the end of every Cluster meeting



to ensure agreement. Each person present at the Cluster signs the Service Plan as acknowledgement of his/her participation. After the Cluster meeting, the Clinical Coordinator types up the Service Plan and faxes/mails it to every participant or others as approved/requested. Service Plans are to be developed with the goals of other service/treatment/case plans in mind to avoid conflicting expectations of the child/family and other treatment providers.

- Determine the appropriate level of care (intervention) for the child and/or family. Cluster is a means of brainstorming to determine the most appropriate services for the child/family at the least restrictive level of care. When at all possible, children are maintained in their home. If remaining in the home is not appropriate, relatives and family friends are investigated prior to a placement such as foster care.
- Develop a crisis/safety plan for the child/family.
- Determine the child/family's lead case manager as approved by the family.
- Determine if a treatment team member other than the FCF Clinical Coordinator will track progress, and schedule and facilitate Clusters. The FCF Clinical Coordinator is typically agreed upon as the person to fill this role.
- Determine the placement agency for out of home care services, when necessary.
- Make initial discharge plans prior to placement.
- Review progress and discharge plan at least every 90 days for children in residential treatment or residential group home.
- Determine discharge date and placement upon discharge.
- Ensure supportive services are in place upon discharge from out of home placement.



**TARGET POPULATION #3 – ALLEGED OR ADJUDICATED UNRULY YOUTH  
AGES 8-18, OR 8-21 IF REQUIRED BY STATUTE OR ADMINISTRATIVE  
CODE**

Target Population

Clermont County residents, who are alleged to be unruly as defined in Section 2151.022 of the Ohio Revised Code, which states as follows:

As used in this chapter, “unruly child” includes any of the following:

1. Any child who does not submit to the reasonable control of the child’s parents, teachers, guardian, or custodian, by reason of being wayward or habitually disobedient;
2. Any child who is a habitual truant from school and who previously has not been adjudicated an unruly child for being a habitual truant;
3. Any child who behaves in a manner as to injure or endanger the child’s own health or morals or the health of morals of others;
4. Any child who violates a law, other than division (A) of Section 2923.211 or Section 2151.87 of the Revised Code, that is applicable only to a child.

Plan description

The Clermont County Juvenile Court will be the designated service provider for this population. The youth will be diverted from the system through several procedures.

Access to system

**A. Unruly children**

Procedures are as follows:

1. Parent must contact the Intake Officer at the Juvenile Court.
2. The Intake Officer will screen the complaint to assure that the behavior meets the criteria as outlined in the Revised Code. If it does, an initial appointment will be scheduled.



3. The initial appointment is held with the family to explain the legal process, what the Diversion Program does, and what steps parents may take to initiate a complaint if unruly behavior continues at home or school.
4. Prior to leaving the initial appointment, the parents are asked if they want to continue with the process. If so, the family is scheduled to attend the Diversion Intervention Group, which is based on the nationally recognized “Strengthening Families” program. Participation in this group is mandatory for the family if parents feel they will follow through with filing a complaint.
5. If unruly behavior continues following participation in the Diversion Intervention Group, parents may choose to file a complaint. Parents must call the Diversion Officer they met with for the initial appointment to file a complaint. There is a fee for filing a Status Diversion complaint. The exception would be if a child leaves home without permission and is missing for an extended period of time. In that case, a warrant to arrest would be issued with the filing of a complaint, to return the child home.
6. Once a complaint is filed and referred to Diversion, the family meets with a Diversion Officer to formulate rules and a Diversion Agreement. The rules will basically be the same type of rules the family has intact in the home.
7. The Diversion case is still considered unofficial at this time, unless the case was referred as a result of a hearing.
8. The Diversion Officer may refer the child or family for counseling or to other community agencies. This is part of the Diversion Agreement and follow through is expected.
9. The Diversion Officer determines the frequency of the family’s contact with the Diversion Officer.
10. The Diversion Officer’s role may be one of counselor, disciplinarian, monitor, or friend, depending on each case.
11. The length of involvement with the Diversion Program varies and is at the discretion of the Diversion Officer. The basic guideline is 18 weeks for a Status Diversion case.
12. If there is not adequate improvement in the ascribed length of time, the original complaint can be referred to court for a formal hearing before the Judge, or Diversion involvement may continue, holding any official action in abeyance provided the child’s behavior improves.



13. If problems continue, then the complaint is set for a court hearing and official action, which may result in any of the dispositions as established in Revised Code 2151.354 as follows:

- a. If the **child is adjudicated an unruly child**, the court may:
  - i. Make any of the dispositions authorized under section 2151.354 of the Revised Code, which states to follow the dispositions authorized in section 2151.353:
    - Place the child on community control under any sanctions, services, and conditions that the court prescribes, as described in division (A)(3) of section 2152.19 of the Revised Code;
    - Suspend or revoke the driver's license, probationary driver's license, or temporary instruction registration of all motor vehicles registered in the name of the child. A child whose license or permit is so suspended or revoked is ineligible for issuance of a license or permit during the period of suspension or revocation. At the end of the period of suspension or revocation, the child shall not be reissued a license or permit until the child has paid any applicable reinstatement fee and complied with all requirements governing license reinstatement;
    - Commit the child to the temporary or permanent custody of the court.
  - ii. If, after making one of the above listed dispositions, the court finds upon further hearing that the child is not amenable to treatment or rehabilitation under that disposition, the court may make a disposition otherwise authorized under division (A)(1), (3), (4), and (7) of section 2152.19 of the Revised Code, except that the child may not be committed to or placed in a secure correctional facility, and commitment to or placement in a detention facility may not exceed twenty-four hours unless authorized by division (B)(3) of section 2151.312 or sections 2151.56 to 2151.61 of the Revised Code.
- b. **If a child is adjudicated an unruly child for committing any act that, if committed by an adult, would be a drug abuse offense**, as defined in section 2925.01 of the Revised Code, or a violation of division (B) of section 2917.11 of the Revised Code, then, in addition to imposing, at its discretion, any other order of disposition authorized by this section, the court shall do both of the following:



- i. Require the child to participate in a drug abuse or alcohol abuse counseling program;
  - ii. Suspend or revoke the temporary instruction permit, probationary driver's license, or driver's license issued to the child for a period of time prescribed by the court or, at the discretion of the court, until the child attends and satisfactorily completes a drug abuse or alcohol abuse education, intervention, or treatment program specified by the court. During the time the child is attending the program, the court shall retain any temporary driver's license issued to the child and shall return the permit or license when the child satisfactorily completes the program.
- c. If a **child is adjudicated an unruly child for being a habitual truant**, in addition to or in lieu of imposing any other order of disposition authorized by this section, the court may do any of the following:
- i. Place the child on community control under any sanctions, services, and conditions that the court prescribes;
  - ii. Suspend the temporary instruction permit, probationary driver's license, or driver's license issued to the child for a period of time prescribed by the court and/or revoke the registration to all motor vehicles registered in the child's name;
  - iii. Order the board of education of the child's school district or the governing board of the educational service center in the child's school district to require the child to attend an alternative school if an alternative school has been established pursuant to section 3313.533 of the Revised Code in the school district in which the child is entitled to attend school;
  - iv. Require the child to participate in any academic program or community service program;
  - v. Require the child to participate in a drug abuse or alcohol abuse counseling program;
  - vi. Require that the child receive appropriate medical or psychological treatment or counseling;
  - vii. Make any other order that the court finds proper to address the child's habitual truancy, including an order requiring the child to not be absent



without legitimate excuse from the public school the child is supposed to attend for five or more consecutive days, seven or more school days in one school month, or twelve or more school days in a school year and including an order requiring the child to participate in a truancy prevention mediation program.

- d. If a **child is adjudicated an unruly child for being a habitual truant and the court determines that the parent, guardian, or other person having care of the child has failed to cause the child's attendance at school** in violation of section 3321.38 of the Revised Code, in addition to any order of disposition authorized by this section, all of the following apply:
- i. The court may require the parent, guardian, or other person having care of the child to participate in any community service program, preferably a community service program that requires the involvement of the parent, guardian, or other person having care of the child in the school attended by the child.
  - ii. The court may require the parent, guardian, or other person having care of the child to participate in a truancy prevention mediation program.
  - iii. The court shall warn the parent, guardian, or other person having care of the child that any subsequent adjudication of the child as an unruly or delinquent child for being a habitual or chronic truant may result in a criminal charge against the parent, guardian, or other person having care of the child for a violation division (C) of section 2919.21 or section 2919.24 of the Revised Code.

B. **Truant children** are defined as follows:

Habitual Truant means any child of compulsory school age who is absent without legitimate excuse from school for five (5) or more consecutive days, or seven (7) days in one month, or twelve (12) days in the school year.

Chronic Truant means any child of compulsory school age who is absent without legitimate excuse from school for seven (7) consecutive days, or ten (10) or more days in a month, or fifteen (15) days in a school year.

These youth will be diverted through the following process:



1. Prior to the child reaching the 12<sup>th</sup> unexcused absence within the school year, the school will send the parent a warning letter notifying the parent that the child is truant from school.
2. If further absences are recorded, a Court Intervention shall be scheduled and notification sent to the parent.
3. If the child and parent appear for the intervention/remediation and agreement is reached for the child to attend school and to follow through with any recommended referrals, the school will monitor the child's attendance and compliance and the parent's compliance.
4. If full compliance is attained, the case is closed.
5. A case will be referred to court in the following situations:
  - The child and parent have failed to appear for the intervention/remediation twice.
  - When agreement cannot be reached at the intervention/remediation.
  - When the child and/or parent do not comply with the agreement reached at the intervention/remediation
  - When the child and/or parent only partially comply with the agreement reached at the intervention/remediation and this is the child's second offense.
6. A decision is then rendered at the court hearing.
7. If the child and parent are compliant with the court hearing decision, the case is closed through the court.
8. If the child and/or parent are not compliant with the court hearing decision, sanctions may be imposed.



## FAST \$ and ABC SERVICES

- The FCF Council shall work collaboratively with the agencies involved with FAST \$ and ABC. A collaborative plan shall be developed for the use of the funds.
- FAST \$ and ABC funds shall be targeted to multi-need children and youth with behavioral health disorders across all child-serving systems. The funds shall be used to provide supports and services to maintain the child in the community or to return a child to the community following an out of home placement.
- Exceptions to the above bullet are:
  - ABC funds provided to the FCF Administrative Agent (GRF funds) for children who do not have behavioral health disorders, but require assistance through FCF; and
  - JFS TANF money to be used to support children who do not have a behavioral health diagnosis.
- Any agency or parent/guardian may make a referral to determine eligibility to access FAST \$ supports or ABC services.
- Referrals shall be faxed to the FCF Program Coordinator.
- The Program Coordinator shall make a determination of eligibility based upon the criteria provided by the State of Ohio and the level of funds available.
- The Program Coordinator shall be responsible for the tracking of the required information by the State of Ohio.
- FAST \$ and ABC supports and services are to be approved annually by Council.
- See attachment 7 for forms relating to the FAST \$ and ABC referral process.



## **SERVICE COORDINATION MECHANISM QUALITY ASSURANCE**

- The Council shall review the Service Coordination Mechanism every other year when the Local Advisory Committee meets to discuss services, needs, gaps, and trends to determine the use of Ohio Children's Trust Fund monies.
- Any member of Council may request the Service Coordination Mechanism be reviewed prior to the scheduled time.
- The Clinical Coordinator works with the FCF Secretary to maintain a database of Cluster information. Information can be accessed regarding referral source, placement upon referral, diagnosis, Cluster outcome, age of children Clustered, and agencies involved, among other information.
- The FCF Program Coordinator, MHRB Executive Director, JFS Director, CPS Deputy Director, JFS Fiscal Deputy Director, Juvenile Court Services Director, Juvenile Court Probation Placement Supervisor, CPS foster parent recruiter, and others as necessary, meet weekly to discuss service gaps and how the county will fill those service gaps.
- A selected group of FCF Council members and others involved with agencies meet at least monthly to discuss issues regarding children in placement, trends, and potential providers to fill service gaps.
- The FCF Quality of Care Manager audits client records at the provider agencies to ensure the appropriate services are being received.
- The FCF Program Coordinator and the HMG Project Director will audit a pre-determined amount of HMG provider records at least quarterly. If necessary, HMG providers will be asked to submit corrective action plans to remedy deficits.



## **DISPUTE RESOLUTION PLAN**

- See attachment 8 for Dispute Resolution Policy. FCF will provide the Juvenile Court Judge hearing the dispute information regarding the history of the dispute and any other relevant information regarding the child/family's treatment.
- Prior to the Initial Cluster meeting, the Dispute Resolution Policy is discussed with the parent/guardian. The parent/guardian signs a form stating that they have received a copy of the Dispute Resolution Process (attachment 9). A copy of the signed Dispute Resolution Process is maintained in the child/family's FCF file.
- Upon admission, each child/family enrolled in the Help Me Grow program receives information regarding Parents' Right and the HMG Dispute Resolution Grievance Process (attachment 10). The family is then notified annually of the Process.

